FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000030742 (5)

BHAVANI ENTERPRISES INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
5214 NEW KINGS ROAD 5214 NEW KINGS ROAD JACKSONVILLE FL 32209					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 04/04/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21	26				59-3433914	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	City & State City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Žip	·		Country		8. This corporation owes or has paid the		
24			30			X Yes No	
	9. Name and Address of Curr	ent Registered Agent	8	1 1	10. Name and Address of New Register	ad Agent	
	ATEL, RAMAN P		ľ	Name			
5214 NEW KINGS ROAD JACKBONVILLE FL 32209			8	Street Add	ress (P.O. Box Number is Not Acceptable)		
			8	3			
			8	4 City		85 Zip Code	
	-				poration submits this statement for the purpos	L B Zip Code	
agent. La SIGNATURE	am familiar with, and accept the ob	ligations of, Section 607.0505, F	Torida Statut	es.	ition's board of directors. I hereby accept the interesting transmission of the interesting DAT		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	P/T,D	DELETE	1.1 TITLE			Change Addition	
NAME	Raman P. Patel		1.2 NAM	:			
STREET ADDRESS	3214 1100 1121180 11000		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	Jacksonville, FL 32209		1.4 City				
TITLE	VP/S,D	☐ DELETE	2.1 TITLE			Change Addition	
NAME	Kanchan R. Patel		2.2 NAM				
STREET ADDRESS	5214 New Kings Road			et address			
CITY-ST-ZIP	Jacksonville, FL 32209		2. 4 CITY			Change Addition	
TITLE	DELETE		3.1 TITLE	İ		Chought Chydodon	
NAME			3.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE			3.4. CITY 4.1 TITLE			Change Addition	
NAME	_ Ditti		4.2 NAM	1			
				ET ADDRESS			
STREET ADDRESS			4.4 CITY				
CITY-ST-ZIP TITLE			5.1 TITLE			Change Addition	
NAME			5.2 NAM	- 1		• •	
STREET ADDRESS				ET ADDRESS			
City-St-ZiP			5.4 CITY	1			
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			5.2 NAM	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY				
	certify that the information supplier	with this filling does not qualify			Section 119.07(3)(i), Florida Statutes, I furthe	r certify that the information	

indicated on this annual report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or one attachment with an address.